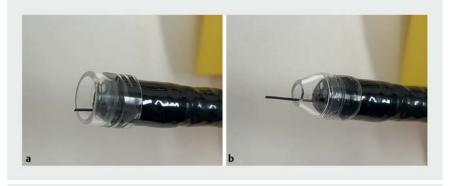
# Colorectal self-expanding metal stent insertion using a small-caliber tapered transparent hood and electrolyte-free gel



Colorectal self-expanding metal stent insertion is a useful procedure to treat acute colorectal obstruction caused by advanced colorectal cancer; however, quidewire perforation has been reported to occur as a result of inadequate endoscopic visibility [1,2]. It is therefore important to maintain endoscopic visibility of the stricture to allow safe insertion of the colorectal stent. A method to maintain endoscopic visibility using an electrolyte-free gel (Viscoclear; Otsuka Pharmaceutical Factory) has recently been reported [3,4]; however, it is difficult to maintain proper endoscopic visibility when the endoscopic hood has a large volume, as in the case of a conventional transparent hood. We previously reported a technique to obtain an appropriate field of view under saline immersion conditions using a calibrated, small-caliber tip, transparent hood (CAST hood; TOP, Tokyo, Japan) that has a tapered tip (> Fig. 1) [5]. Herein, we report the use of a novel technique for colorectal stent insertion using this small-caliber tapered transparent hood and electrolyte-free gel (► Video 1).

The patient was an 84-year-old woman with acute colorectal obstruction due to advanced colorectal cancer of the sigmoid colon. We inserted a colonic stent to decompress the obstruction. To maintain endoscopic visibility, a transparent hood was placed on the endoscope tip, and endoscopy was performed using an electrolyte-free gel; however, due to the severity of the stricture, endoscopic visualization with the standard hood was restricted (> Fig. 2a). The tapered tip of the new transparent hood limited the amount of blood that could enter the tip attachment, and appropriate endoscopic visibility was maintained using this hood with the gel (▶ Fig. 2b). Central stricture of the tumor was confirmed. A guidewire was placed through the colonic stricture from the oral side and a colonic stent was successfully inserted (► Fig. 2 c, d).



► Fig. 1 Photographs showing: **a** a cylindrical transparent hood and straight guidewire; **b** the small-caliber tapered hood and straight guidewire.





▶ Video 1 Stent insertion to treat a colonic stricture using a small-caliber tapered transparent hood.

Use of the small-caliber tapered transparent hood and gel is a reliable method to maintain adequate endoscopic vision and ensure safe colonic stent insertion.

Endoscopy\_UCTN\_Code\_TTT\_1AQ\_2AF

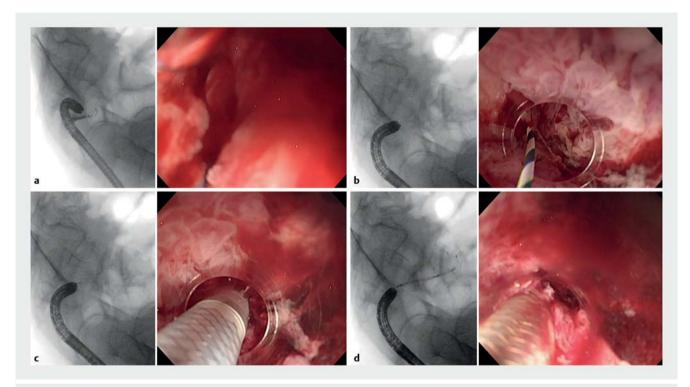
# Competing interests

The authors declare that they have no conflict of interest.

### The authors

Tatsuma Nomura<sup>1,2</sup> Shinya Sugimoto<sup>1</sup>, Taishi Temma<sup>1</sup>, Jun Oyamada<sup>1</sup>, Keiichi Ito<sup>2</sup>, Akira Kamei<sup>1</sup>

- Department of Gastroenterology, Ise Red Cross Hospital, Ise, Mie, Japan
- 2 Department of Gastroenterology, Mie Prefectural Shima Hospital, Shima, Mie, Japan



▶ Fig. 2 Paired fluoroscopic and endoscopic images showing: a the presence of a colonic tumor stricture that made insertion of a quidewire difficult using the cylindrical transparent hood; b safe guidewire insertion when using the small-caliber tapered hood, which allowed the stricture to be more accurately visualized; c a colonic stent being inserted through the tapered hood; d the self-expanding metal stent in position, with good endoscopic visibility having been maintained.

#### Corresponding author

#### Tatsuma Nomura, MD

Department of Gastroenterology, Ise Red Cross Hospital, 1-471-2 Funae, Ise, Mie, 516-8512, Japan m06076tn@icloud.com

#### References

- [1] Arezzo A, Forcignanò E, Bonino MA et al. Long-term oncologic results after stenting as a bridge to surgery versus emergency surgery for malignant left-sided colonic obstruction - a multicenter randomized controlled trial (ESCO trial). Ann Surg 2020; 272: 703-708
- [2] Arezzo A, Balague C, Targarona E et al. Colonic stenting as a bridge to surgery versus emergency surgery for malignant colonic obstruction - results of a multicentre randomised controlled trial (ESCO trial). Surg Endosc 2017; 31: 3297-3305
- [3] Khurelbaatar T, Miura Y, Yano T et al. Electrolyte-free gel immersion endoscopic sub-

- mucosal dissection of gastric lesions. Endoscopy 2022; 54: E512-E513
- [4] Yano T, Ohata A, Hiraki Y et al. Development of a gel dedicated to gel immersion endoscopy. Endosc Int Open 2021; 9: E918-E924
- [5] Nomura T, Sugimoto S, Oyamada J et al. GI endoscopic submucosal dissection using a calibrated, small-caliber-tip, transparent hood for lesions with fibrosis. VideoGIE 2021; 6: 301-304

## **Bibliography**

Endoscopy 2023; 55: E633-E634 DOI 10.1055/a-2058-8760 ISSN 0013-726X © 2023. The Author(s).

70469 Stuttgart, Germany

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (https://creativecommons.org/licenses/by/4.0/) Georg Thieme Verlag KG, Rüdigerstraße 14,



# **ENDOSCOPY E-VIDEOS** https://eref.thieme.de/e-videos



E-Videos is an online section of the journal Endoscopy, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. Endoscopy E-Videos qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: https:// www.research4life.org/access/eligibility/).

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos